

# EXHIBIT A

ADEPTUS HEALTH SECURITIES LITIGATION  
C/O A.B. DATA, LTD.  
P.O. BOX 173087  
MILWAUKEE, WI 53217

**NOTICE OF REJECTION OF CLAIM**

**DATE:** July 20, 2020  
**RE:** *IN RE ADEPTUS*  
**CLAIM NUMBER:** 83298788  
**RESPONSE DEADLINE:** August 10, 2020

Dear Claimant:

We have processed the Proof of Claim and Release Form ("Claim Form") that you submitted in connection with the settlement achieved in the above-noted litigation. Your Claim, based on our review, is ineligible for a recovery for the reason(s) listed below. Please note that some reasons for ineligibility are curable. To resolve the identified curable condition(s) of ineligibility, please follow the instructions below.

In order for this Claim to be eligible, the identified curable conditions of ineligibility must be resolved and the Claim must then calculate to a Recognized Claim under the Court-approved Plan of Allocation. Please include a copy of this notice with your response. **If you fail to respond by the response deadline printed above, or if your response fails to cure the condition(s) identified below, your Claim will be rejected in its entirety. Please note that this is the only notice you will receive with respect to this Claim.**

**Missing Signature**

This Claim was not signed.

To resolve this deficiency, please sign and date the attached Declaration.

**Claims that are not cured by the response deadline above will be rejected.** If you believe your Claim has been rejected in error, you may contact us for assistance and/or request Court review of our determination. To request Court review of your Claim, you must send us a signed written statement that (a) states your reasons for contesting the rejection of this Claim, along with any and all documentation supporting your argument(s); (b) specifically states that you "request that the Court review the rejection of this Claim"; and (c) includes a copy of this notice, postmarked no later than the response deadline set forth above. If the dispute concerning your Claim cannot be resolved, your Claim will be presented to the Court for review, which may include public filing of your Claim and supporting documentation with the Court (with financial account numbers and certain other

information redacted). **Please note: Court review should only be sought if you disagree with our determination regarding this Claim.**

If you have any questions about this notice or if you want to confirm the status of your Claim after you submit a response to this notice, please contact us at 866-778-9468 or email us at [info@AdeptusHealthSecuritiesLitigation.com](mailto:info@AdeptusHealthSecuritiesLitigation.com). Please reference the Claim number listed above in any communication. If you would like to view or download the Settlement Notice which contains the Plan of Allocation, you may do so by visiting [www.AdeptusHealthSecuritiesLitigation.com](http://www.AdeptusHealthSecuritiesLitigation.com).

Very truly yours,

A.B. DATA, LTD.  
Claims Administrator

Claim Number: 83298788

## DECLARATION

Under penalty of perjury, I (we) certify that all information provided by me (us), the undersigned on the Claim Form, and with this notice is true, correct, and complete, and that the documents submitted with the Claim Form and herewith are true and correct copies of what they purport to be.

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Signature of Claimant

Print Name of Claimant

Date

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Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

**IF CLAIMANT IS OTHER THAN AN INDIVIDUAL, OR IS NOT THE PERSON COMPLETING THIS FORM, THE FOLLOWING MUST BE PROVIDED:**

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Signature of Person Signing  
on Behalf of ClaimantPrint Name of Person Signing  
on Behalf of Claimant

Date

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Capacity of Person Signing on Behalf of Claimant, if other than an individual, e.g., Executor, President, Trustee, Custodian, etc. (Must provide evidence of authority to act on behalf of Claimant – see Paragraph 11 on page 3 of Claim Form.)

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Last 4 digits of Claimant's Social Security Number,  
Taxpayer Identification Number, or Employer  
Identification Number